



# Illinois Department of Financial and Professional Regulation

## Division of Insurance

ROD R. BLAGOJEVICH  
Governor

FERNANDO E. GRILLO  
Secretary

Michael T. McRaith  
Director  
Division of Insurance

May 25, 2005

Robert W. Hanks  
R.R. 1  
Shobonier, Illinois 62885

Re: Request for License

Dear Mr. Hanks:

This letter is in response to your request to obtain a license. The Division of Insurance received your resident insurance producer license application on March 8, 2005. A copy of your validated application is enclosed with this letter. Section 500-30 of the Illinois Insurance Code (215 ILCS 5/500-30) requires, in part, "... before approving the application, the Director must find that the individual ... has not committed any act that is a ground for denial, suspension, or revocation set forth in Section 500-70 of the Illinois Insurance Code (215 ILCS 5/500-70)."

On August 13, 1987 you were convicted of Aggravated Arson (Counts II and III) felonies, Case No. 87-CF-156 in the Circuit Court of the Sixth Judicial Circuit, Macon County, State of Illinois.

On September 30, 1988 was convicted of Burglary, a felony, Case No. 88-CF-516 in the Circuit Court for the Sixth Judicial Circuit of Illinois, Macon County, Illinois.

By the above action, you have been convicted of felonies which are grounds for a denial pursuant to Section 500-70(a)(6) of the Illinois Insurance Code (215 ILCS 5/500-70(a)(6)).

Your request for a license is being denied based upon the information previously stated.

If you wish a refund of your application fee, return the copy of the validated application with a letter asking for a refund to the Division to the attention of David Murphy, Licensing Supervisor, Illinois Department of Financial and Professional Regulation, Division of Insurance, 320 West Washington Street, Springfield, Illinois 62767-0001.

You have the right to a formal hearing on this matter if your written request is filed with the Division within 30 days of the date of mailing of this correspondence.

Sincerely,

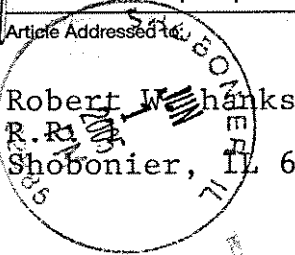
*Michael T. McRaith*

Michael T. McRaith  
Director of Insurance

MTM:tea:510

Enclosure

Certified Mail  
Return Receipt Requested

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"><li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>■ Print your name and address on the reverse so that we can return the card to you.</li><li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to  Robert W. Hanks R.R. 3 Shobonier, IL 62885	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7003 1680 0006 7904 6722